The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XV JANUARY, 1959 NO. 1

WESSON MATERNITY HOSPITAL

(For New Construction, See Page 16)

MEMBER
MEDICAL SOCIETY
MAGAZINE GROUP

Special Meeting, January 20. (See Page 19).
Next District Meeting, February 3. (See Page 4).

Hampden District Medical Society

Founded 1840

OFFICERS

President . . . . . Thomas F. Reilly, M. D.
Vice President . . . . . John A. Burke, M. D.
Secretary . . . . . Harry N. Memery, M. D.
Treasurer . . . . . Howard B. Brown, M. D.
Assistant to the Secretary . . . . . Ray T. Smith, M. D.

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Thomas F. Reilly, M. D., *ex-officio*

Allen S. Johnson, M. D.	*ex-officio*	John A. Burke, M. D.
Harry N. Memery, M. D.	*ex-officio*	Howard B. Brown, M. D.
Robert G. Ernst, M. D.	1959	Leroy J. Kendrew, M. D.
Azel P. Barney, M. D.	1960	Eugene W. Beauchamp, M. D.
Henry Burkhardt, M. D.	1961	Samuel Klibanoff, M. D.

Chairmen of Standing Committees

Public Relations . . . . . Joseph M. Baker, M. D.
Legislative . . . . . Theodore R. Miner, M. D.
Woman's Auxiliary . . . . . Azel P. Barney, M. D.
Public Health . . . . . Norman A. Pokorny, M. D.
Insurance, Labor Relations and Industrial Accidents
Eugene W. Beauchamp, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.
Nominating . . . . . Edward P. Bagg, M. D.

Chairmen of Special Committees

Medical Advisory . . . . . Noah N. Feldman, M. D.
Blue Shield District Professional Service . . . . M. Gene Black, M. D.
Emergency Medical Service . . . . . Peter Zarecki, M. D.
Health and Accident Insurance . . . . . William J. Cosgriff, M. D.
Mental Health . . . . . Olive A. Cooper, M. D.
Rehabilitation . . . . . Joseph P. Derby, M. D.
Representatives on Community Council
Allen S. Johnson, M. D. and Thomas F. Reilly, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult"
Hippocrates

Published monthly except July and August

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(302 Sumner Avenue, Springfield 8, Mass.)

VOLUME XV JANUARY, 1959 NO. 1

EDITORIAL

THE S. S. POLL

The recent Social Security poll brought forth convincing and unmistakable results. The "Yes" vote was a resounding 285 to 101. According to Secretary Memery even if all the non-voters had registered "No", the supporters of S.S. still would have won hands down.

The result of this poll, it should be noted, came as no great surprise. By a voice vote at a previous meeting our membership voted more or less in a similar fashion. What proved a bit surprising, however, was the Poll's overwhelming ratio of 3 to 1. What proved even more surprising was that no less than 68% of the Fellows (after but a single notice) saw fit to return the questionnaire, and promptly, too.

Time alone will tell whether we voted wisely. Even now there are two Bills before congress, the Forand and the Proxmire, which threaten to increase considerably the cost of S.S., especially for the income bracket of the average physician. What effect, if any, will our action have on the Jenkins-Keough Bill, which is soon to come up in Congress again? How will it influence the firm stand against S.S. taken recently by both the MMS and the AMA? What effect in general would medicine's acceptance of S.S. have on future political and medico-economic developments? These questions, needless to say, must remain unanswered, at least for the time being. The only thing that can be stated with certainty at the moment is that we were given an opportunity to express our views and sentiments, and this we did dutifully, promptly and in no uncertain terms. M.M.

POLITICAL CRYSTAL GAZING

Now that elections are over it might prove worthwhile to gaze into the crystal ball and see what the politicians have in store for us during the next year or two. The sweeping democratic victory obviously portends a wide swing to the left. This means more infringement on the private practice of medicine, more meddling into patient-physician relationship, and more government control of patient, doctor, medical school and hospital.

Since labor aided materially in the election of many Congressmen and Senators we may expect its wishes to receive ample consideration when Congress reconvenes. Only the revision of the Taft Hartley Law, labor racketeering and increased minimum pay have higher priorities on labor schedules than the Forand Bill, which will undoubtedly pass in spite of medicine's objections. Moreover, and as already intimated, political steps will most likely be taken to extend even further medical and hospital benefits to all Social Security claimants.

The Jenkins-Keough Bill, on the other hand, probably will not pass. In view of its 12 billion deficit, the Federal Government will not want to overlook any possible tax revenue, especially from the self-employed, who as a group scored so feebly at the polls. This is sad news indeed. Informed financial sources anticipate an inflation spiral that will make our present dollar (and fees based on it) worth much less than it is today. Some financial experts attribute the present high prices of industrial stocks to inflation fever rather than to real value.

It's a safe bet that the solializers in Washington will devise and push other schemes, gimmicks and give-away plans—anything to make the public think it is getting something for nothing. Legislation will apparently be sought at the next session of congress to provide health insurance for federal employees. If past experience is of any value, this will also limit the fees of physicians, as in the case of Veterans Service and of Medicare. Action will probably be taken also on the Proxmire Bill (S3086) which is similar to the Forand Bill, only worse. This Bill would increase Social Security taxes from the present rate of $4,200 to $7,500. (Forand's maximum is $6,000.)

As physicians we can hardly afford to sit by idly and think wishfully that these and similar Bills will be defeated as in the past. We must continue to remind our congressmen and senators that we are *for* the Jenkins-Keough Bill and *against* the Forand, Proxmire and other socialistic Bills. Moreover, our Auxiliary members, our friends and our patients should be reminded and encouraged to do the same.

R.T.M.

HOW TO WRITE YOUR SENATORS AND CONGRESSMEN

1. Be brief.
2. Be straightforward and sincere, giving your own ideas in your own words. Do not follow a form letter.
3. Be friendly and courteous.
4. Do not use carbon copies. Write each man individually.
5. Sign your letter legibly and always include your address.

(See page 8.)

do you encounter

Senear-Usher disease?*

then you should know...

Beneficial results with METICORTEN have been reported† in patients with Senear-Usher disease. Extensive documentation in the literature demonstrates the unsurpassed therapeutic effectiveness of this established steroid in all corticosteroid-responsive disorders.

METICORTEN® (prednisone) is available as 1, 2.5 and 5 mg. white tablets.

* Senear-Usher disease—also called pemphigus erythematosus—is a dermatosis resembling pemphigus vulgaris involving mainly the head, face, and trunk. Whether common or rare, response to METICORTEN is excellent in most allergic and inflammatory skin diseases.

†Henington, V. M.; Kennedy, B. and Loria, P. R.: South. M. J. 51:577, 1958.

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NEXT MEETING

TIME: Tuesday, February 3, 6:30 P. M.

PLACE: Hartman's Restaurant, 1396 Boston Road, Springfield.

DINNER: At expense of Society.

AGENDA: Important organizational, socio-economic and other business matters.

Your attendance is urgently requested!

Harry N. Memery
Secretary

BON-TABS

(appetite depressant)

ADVANTAGES: Bon-Tabs depresses the appetite without causing the nervousness that usually accompanies the use of antiobesity agents. A further advantage is that nervous tension-hunger due to restlessness is reduced. Since it has been shown that vitamins increase the appetite, vitamins are not present in the Bon-Tabs formula.

COMPOSITION: Bon-Tabs contains 5 mg. dextro-amphetamine sulphate — the form of amphetamine most widely supported in the literature for reduction of appetite; 350 mg. methylcellulose to reduce "hollow hunger"; 1/6 gr. butabarbital sodium to prevent excessive nervous stimulation and nervous tension-hunger.

Kare Pharmacal Co.
Hartford, Connecticut

President's Page

Publicity Code Violations

In recent months some apparent violations of the Publicity Code of the MMS have come to the attention of our Grievance Committee. Most of these were in the nature of newspaper items describing an unusual case or the personal accomplishment on the part of the physician in question, giving his name, address and often quoting him verbatim. The only things that seemed missing in some of these items were the doctor's office hours, his fee schedule and an invitation to "come early and avoid the rush".

This may sound a bit humorous but it is no laughing matter at all. The MMS Publicity Code, which was recently re-distributed to all Fellows makes this point quite clear. The purpose of the Code as adopted in 1949, was to improve relationship with the press, radio, etc. and " . . . to establish acceptable ethical limits within which Fellows of the Society . . . may contribute in writing or by interview to the non-medical press and magazines or the radio or other media of communication."

The Code then proceeds to outline clearly and distinctly what may or may not be done. Section 4, for instance, stipulates that "The name of any Fellow . . . may be used for purposes of publicity only with permission of the chief of staff of the appropriate service of the hospital and of the hospital director. This permission applies only provided that the Fellow is identified as a member of the staff rather than as an individual and where the emphasis is on the services rendered and not on the individual Fellow".

Section 9, to continue, states that "Fellows . . . who are contacted directly by representatives of the press, magazines, radio, or other media of communication and who are willing to conform to the requirements as laid down . . . must consider themselves responsible for the contents of said interviews regardless of their alleged accuracy or inaccuracy."

Section II recommends " . . . that Fellows . . . who are forced to respond to inquiries from the press, magazines, radio, etc. . . . limit their reply to a single statement, 'No Comment' ".

Clear enough, wouldn't you say? And yet our Grievance Committee is called upon from time to time to pass judgement on instances of alleged or frank violation of the Publicity Code. Painful as the task may be this committee has no choice but to enforce the Codes of Ethics of the AMA and of the MMS, including, of course, the Publicity Code. It has no choice also but to turn over the names of all chronic or recalcitrant offenders to the Committee of Ethics and Discipline of the Massachusetts Medical Society.

Thomas F. Reilly, M. D.

REPORT OF BOARD OF EDITORS
DECEMBER 16, 1958

Last spring the Business Manager of the Hampden Hippocrat proposed a plan which would extend the circulation of the Hippocrat beyond the boundaries of Hampden. Specifically, our Bulletin, were the plan adopted, would be circularized also to the memberships of Hampshire and Franklin Societies. Space, 2 or 3 pages perhaps, would be provided for their local notices, meetings, committee reports, etc., in return for which they would underwrite same with enough ads to defray the cost. The purpose of the project was not to enrich the already overflowing coffers of the Hippocrat, but rather to offer our northerly neighbors the benefits of a bulletin which, according to the AMA, is indispensable in maintaining good "internal relations". It should be noted that neither Hampshire nor Franklin have bulletins of their own. The project, as previously reported, was undertaken with the blessings and approval of our Executive Committee.

Accordingly a committee of two, consisting of Drs. E. P. Bagg and J. Leary was appointed to present the plan before the Hampshire and Franklin Medical Societies. In reporting for this committee Dr. Bagg, in his usual imitable style writes as follows: "Several weeks ago we carried our plan and Hampden's greetings to the Hampshire District Medical Society in meeting assembled at Rahar's Inn in Northampton. Our invitation stipulated a "Dutch" treat at $5.00 per, so we ate at a cafeteria *en route* at $0.60. As a result, we arrived in the midst of the flayed beef course, and took refuge in the adjourning bar, at $.35 - .75, until the ingestion was completed.

"The cordial introduction of President Renwick K. Caldwell," Dr. Bagg continues, "was followed by two brief but illuminating speeches that explained our mission,—*voces clammantes in deserto,* as they say in Hanover. Whereupon a committee was appointed as of November 5 to study the situation and report. Under date of November 29th, a negative reply came to hand. 'Our society is small,' said Dr. C., 'is centered in Northampton, has few enthusiastic journalists and does not seem in need of an additional forum . . . but thanks again . . .'

"To a similar invitation sent to Franklin County through the kindness of MMS President-elect L. R. Dame, President Harwood W. Cummings replied as follows: 'The matter was discussed by both the Executive Board and the full Society at its meeting on November 14th. The Society appreciates your offer, but it was voted not to participate at this time.' "

Dr. Bagg concludes his report as follows: "So the seed seems to have fallen on barren ground. But all is not lost. Additional headaches will be spared for both our editorial and managerial departments. The mission obviously failed, but no one can say we didn't try".

Max Millman, M. D.
Editor-in-Chief

even when the causative organism may be a "persistent staph"

Cosa-Signemycin*

GLUCOSAMINE-POTENTIATED TETRACYCLINE WITH TRIACETYLOLEANDOMYCIN

increases the certainty of safe, rapid response

AS PROVED BY extensive clinical trials—an over-all success rate of more than 94% was achieved in a total of 3,280 cases.†

AS PROVED BY success in mixed infections—more than 95% of 1,000 acute and chronic respiratory tract infections were successfully treated; a 99% cure rate was achieved in mixed bacterial pneumonias.†

AS PROVED BY effectiveness in "problem infections"—a response rate better than 96% was recorded in a group of 221 gastrointestinal infections including chronic intestinal amebiasis; 91% of 465 urogenital infections were successfully controlled.†

AS PROVED BY excellent safety record—extremely well tolerated; discontinuance of medication was necessary in only 11 of 3,820 patients.†

A significant number of the above cases had not responded to other antibiotics.

Cosa-Signemycin is particularly valuable in home and office, where susceptibility testing is difficult or impractical.

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New Oral Suspension (raspberry-flavored), 2 oz. bottle, 125 mg. per teaspoonful (5cc.).

New Pediatric Drops (raspberry-flavored), 10 cc. bottle, 5 mg. per drop, plastic calibrated dropper.

Average dosage: For adults, 1-2 Gm. daily in divided doses; proportionately less for children, depending on age, weight, and severity of infection.

†Literature and bibliography available on request.

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The Jenkins-Keough Bill *
(Synopsis)

"This Bill allows a self-employed person to deduct from gross income each year a limited amount of self-employment income contributed by him to a restricted retirement fund or paid in as premiums to purchase an insurance policy with retirement features. He can deduct annually up to $5,000 or 10% of self-employment income whichever is less, but not more than a total of $100,000 during his lifetime. There's a five-year carry-over of unused deductions, subject to certain limitations.

"An individual who has reached age 50 before the effective date is allowed to deduct an additional amount, to help build up an adequate interest in the fund or obtain more than a token annuity. In his case, the normal deduction limit is increased by one-tenth for each year of age over 50 and not over 70.

"The contributions, plus accumulations, become taxable when distributed, and may be withdrawn at any time. However, where withdrawals take place before age 65 the tax is 10% greater than otherwise payable, but the payment is treated as having been received pro rata during the taxable year and the four preceding years. Lump sum payments after age 65 are given special treatment."

* Reprinted from Hippocrat, Nov. 1957.

Faint Heart

Doctor: "You say you have had diarrhea for the past six months, Mrs. Brown, why didn't you come to see me sooner?"

Mrs. Brown: "I don't know, I guess I just didn't dare leave the house".

OUR SENATORS AND CONGRESSMEN

"Honorable John F. Kennedy,
United States Senator
Senate Office Building
Washington, D. C.

Honorable Leverett Saltonstall
United States Senator
141 Senate Office Building
Washington, D. C.

Honorable Edward P. Boland
U. S. Congressman
2nd Hampden Distirct*
House Office Building
Washington, D. C.

Honorable John W. Hesselton,
U. S. Congressman
1st Hampden District**
House Office Building
Washington, D. C.

***The 1st Hampden District* covers: Westfield, Holyoke, Blandford, Tolland and others in Berkshire and Franklin Counties."

**The 2nd Hampden District* covers: Agawam, Brimfield, Chicopee, Easthampton, East Longmeadow, Granby, Hadley, Hampden, Hatfield, Holland, Longmeadow, Ludlow, Monson, Northampton, So. Hadley, Springfield, Wales, West Springfield and Wilbraham.

COMING EVENTS

Special Meeting (District) Jan. 20 (See page 15).

Regular Meeting (District) Feb. 3 (See page 4).

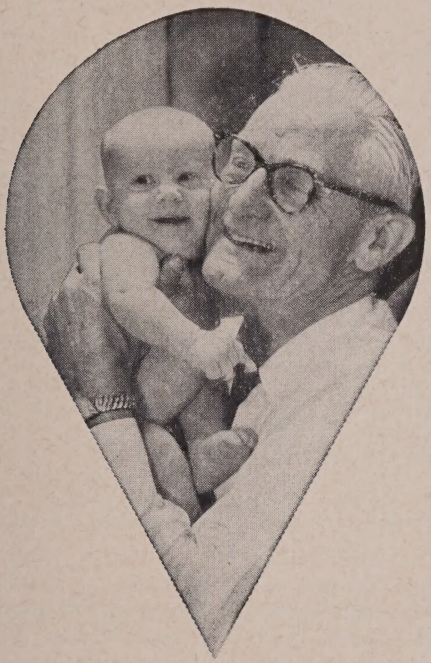
Councilors Meeting (Boston) Feb. 4.

Annual Meeting (District) April 28.

Councilors Meeting (Boston) May 18.

MMS Annual Meeting (May 19, 20 and 21.

AMA Convention, June 8 - 12, Atlantic City.



Lactum® *formula was selected...*

Mark... *age 3 days*

Mark's urea clearance is low—but only normally so, for a newborn. Mark's renal functions will mature in a few days. Meanwhile the Dextri-Maltose® carbohydrate modifier in Mark's Lactum formula protects him against renal osmolar overload.

Dorothy... *age 1 month*

"Lactum liquid is *so* easy to use! I just add a canful of water to the contents of the Lactum can," Dorothy's mother says, "and there's a day's supply of formula! I spend less time in the kitchen and more time with my baby. And that's the way it ought to be."

Sandra... *age 2 months*

Sandra's mother didn't have enough breast milk for her hungry little daughter and felt a bit guilty about it—though for the average baby, her supply would have been quite enough. The extras that Sandra needed were supplied by convenient supplemental feedings of Lactum (powder), and by Poly-Vi-Sol® drops.

LACTUM® (MODIFIED MILK FORMULA, MEAD JOHNSON) LIQUID / "INSTANT" POWDER

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PUBLICITY CODE
OF THE
MASSACHUSETTS MEDICAL SOCIETY

Adopted October 5, 1949

Preamble. Believing that the relationship between organized medicine as represented in this Commonwealth by the Massachusetts Medical Society and the public as represented by the press, radio, non-medical magazines and other similar media of communication should be cordial, cooperative and more closely integrated than it has been in the past, the Council of the Massachusetts Medical Society acting for the Society in a regular meeting hereby authorizes the following Publicity Code to implement such relationship:

1. This document shall be known as the Publicity Code of the Massachusetts Medical Society.

2. The purpose of this code is to establish acceptable ethical limits within which Fellows of the Society who are also members of hospital staffs or of administrative departments of hospitals or other institutions devoted exclusively to the teaching, investigation or practice of medicine may contribute in writing or by interview to the non-medical press and magazines or the radio or other media of communication.

3. This code shall be supplemental to the present codes of ethics that govern the Fellows of the Massachusetts Medical Society.

4. The name of any Fellow of the Massachusetts Medical Society as designated in Section 2 of this code may be used for purposes of publicity only with permission of the chief of staff or the chief of the appropriate service of the hospital and of the hospital director. This permission applies only provided that the Fellow is identified as a member of the staff rather than as an individual and where the emphasis is on the services rendered and not on the individual Fellow.

5. If the hospital organization does not include a chief of staff or chief of service, the name of any Fellow may be used for purposes of publicity as otherwise limited in Sections 2 and 4 of this code only after the permission has been obtained from the Supervising Censor of the district society of which the Fellow in question is a member. Permission from the hospital director will not suffice in these circumstances.

6. In the case of institutions other than hospitals, devoted exclusively to the teaching, investigation and practice of medicine, the name of any Fellow may be used for purposes of publicity only as follows: A. With permission of the head of a major department or research organization. B. With permission of the dean of a medical school or someone specifically designated by him for this purpose. These permissions apply only if the emphasis is placed on the services rendered or work done rather than on the individual Fellow.

7. The name of any Fellow may be used in connection with an individual case or project with the consent of the individual Fellow and in accordance with the requirements listed in Sections 4, 5 and 6 of this code. This permission applies only whenever the case or project illustrates the work performed at the hospital or the institution (see Sections 4, 5 and 6 of this code) and the emphasis is placed on the services rendered or work done and not on the individual Fellow.

8. The name of any Fellow may be used in information given out about a patient or a project in conformity with the requirements listed above in Sections 4, 5 and 6 of this code whenever the press, magazines, radio and other media of communication have most of the facts already and are calling

* The Publicity Code of the MMS is herewith reprinted in full as a supplement to the President's Page (page 5).

the hospital or institution for purposes of verification of data received from other sources.

9. Fellows of the Massachusetts Medical Society as described in Section 2 of this code who are contacted directly by representatives of the press, magazines, radio or other media of communication and who are unwilling to conform to the requirements as laid down in Sections 4, 5, 6, 7 and 8 of this code must consider themselves responsible for the contents of said interviews regardless of their alleged accuracy or inaccuracy.

10. Except as specified in Section 9 of this code Fellows of the Massachusetts Medical Society, as described in Section 2 of this code, the use of whose names by the press, magazines, radio or other media of communication has not been specifically authorized in accordance with the provisions of Sections 4, 5, 6, 7 and 8 of this code, shall after investigation by the proper authorities be held absolved of all blame for such unauthorized use regardless of the accuracy or inaccuracy of the article or interview in question.

11. It is recommended that Fellows of the Massachusetts Medical Society who are forced to respond to inquiries from the press, magazines, radio or other media of communication without an opportunity to invoke the provisions listed in Sections 4, 5, 6, 7 and 8 of this code limit their reply to the single statement, "No Comment".

12. Violations of this Publicity Code by Fellows of the Massachusetts Medical Society shall be subject to review by the Committee on Ethics and Discipline of the Massachusetts Medical Society. The Committee on Ethics and Discipline may initiate action for this purpose or may take action in response to written complaints relative to infractions of this code provided the complaint is signed by the complainant. The decisions of the Committee on Ethics and Discipline shall be rendered in accordance with Chapter VII, Section 9 of the By-Laws of the Massachusetts Medical Society.

THE LOG CABIN

LUNCHEON — DINNER

DRINKS

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DECEMBER MEETING HIGHLIGHTS

Meeting, for a change, is held at Toto's, Holyoke, with close to 200 in attendance . . . President Reilly introduces as guest of honor, Dr. Lawrence R. Dame. president-elect of the MMS . . .

Results of recent Social Security poll is announced: of 446 questionnaires mailed, 386 (68%) replied . . . 285 (64%) voted "yes" . . . 101 (23%) "no" . . . 60 (13%) did not vote . . . Conclusion: Social Security for Doctors is favored by ratio of about 3 to 1 . . .

MMS exoneration of Hampden physician who allegedly violated Drug Act is reported by Drs. Theodore R. Miner (Legislative Councilor) and James L. Smead (Executive Councilor) . . . President Reilly appoints Drs. Harold Holleran (Westfield) and Donald Hayes as 5th and 6th members of the recently enlarged Committee on Insurance, Labor Relations and Industrial Accidents . . . Next District Meeting, he announces, is February 3 . . . Dr. Suzat's (Holyoke) resolution on Soldiers' Home is referred to Executive Committee . . .

MMS President-elect Dr. Dame's comments are concise and illuminating . . . By gentleman's agreement between MMS and Druggists Association wording of Drug Act stands but interpretation has been changed . . . Accordingly, Doctors may now dispense or give away drugs . . . one-half of Mass. oldsters (65 and over) carry Blue Shield . . . He appeals to District Presidents to suggest State Committee candidates . . . Mock trial will be held at next M. M. S. Annual Meeting . . . Dr. Dame receives warm and hearty ovation . . .

Reports of Board of Editors and of Committees on Public Health; Insurance, Labor Relations and Industrial Accidents; Malpractice and Medico-Legal Affairs; Blue Shield District Professional Service and Emergency Medical Service are presented. (For reports, see below and elsewhere in this issue) . . . Meeting is acclaimed as one of the best . . . . .

MEDICO-LEGAL COMMITTEE REPORT

December 16, 1958

The Medico-Legal Authorization forms for payment of medical fees and the furnishing of medical reports, are being used by some attorneys at the present time, and the Bar Association plans to make its use as universal as possible. If any of you find it is not being used in any specific case, you have every right to demand it, and should do so.

Attorney Fred Pillsbury has suggested that the Bar Association might sponsor a special Medico-Legal Forum at a joint meeting in the spring. The program would represent an acted-out trial by experts from New York

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RE 3-1105

COMPLIMENTS
T. P. Sampson Co.
Springfield

or Boston and would be of considerable value to both physicians and lawyers. Feeling that much is gained by joint meetings in improving professional understanding and respect, we would like an opinion from the group tonight as to whether or not you would wish us to go ahead with plans for such a special meeting.

We recommend: That the Hampden District Medical Society ask the State Society to organize a Jurisprudence Committee made up of one representative from each District with the State Secretary serving as Chairman. This Committee, patterned after the one in New Hampshire, would review malpractice claims, develop a preventive program and obtain the services of an attorney representing one of our leading insurance carriers.

Wayne C. Barnes, Chairman

ATTENTION
COMMITTEE CHAIRMEN!

The Hippocrat would appreciate greatly a copy of all committee reports presented before the Society.

Compliments of

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nutritional protectant

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citrus bioflavonoids
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Dose of 3 BIVAM tablets provides:

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Calcium Lactate	1 Gm.
Ferrous Gluconate	100 mg.
Vitamin A	6000 U.S.P. Units
Vitamin D	600 U.S.P. Units
Thiamine Mononitrate (B_1)	3 mg.
Riboflavin (B_2)	3 mg.
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Vitamin B_{12} (cobalamin concentrate)	3 mcg.
Niacinamide	25 mg.
d, Calcium Pantothenate	5 mg.
Folic Acid	0.5 mg.
Menadione (K)	1 mg.
Vitamin E (dl, alpha tocopheryl acetate)	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
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IN MEMORIAM

WILLIAM P. RYAN, M. D.

1885 - 1958

On the second of December, Holyoke lost a conscientious director of public health, a man who began his medical service to Holyoke as City Physician.

Dr. Ryan did much to ensure adequate sanitary conditions of local bakeries and eating places. He insisted on proper lighting and cleanliness of our tenement facilities, in strict military fashion. But his out-standing achievement was the successful direction of the preventive measures against poliomyelitis through the schools and other agencies, and in co-operation with private physicians. The dramatic drop in incidence of the disease was due in large measure to his persistent efforts.

In spite of his protracted illness, Dr. Ryan kept in active touch with such public health problems and with their budgeting. Meanwhile he fought his own fight with characteristic vigor, in the tradition of the 'happy warrior'. Bill Ryan was the first physician to answer his country's call during the Mexican War, and again in the First World War. He was decorated with the *Croix de Guerre* by the French government and had attained the rank of Lt. Colonel at the time of his retirement from the U. S. Medical Corps.

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Available forms:

1. Panalba Capsules, bottles of 16 and 100 capsules. Each capsule contains:

Panmycin phosphate (tetracycline phosphate complex) equivalent to tetracycline hydrochloride .....250 mg.
Albamycin (as novobiocin sodium)...125 mg.

2. Panalba KM,†† Flavored Granules, 60 cc. size bottle. When sufficient water is added to fill the bottle, each teaspoonful (5 cc.) contains:

Panmycin (tetracycline) equivalent to tetracycline hydrochloride .....125 mg.
Albamycin (as novobiocin calcium)..62.5 mg.
Potassium metaphosphate .....100 mg.

Dosage:

Panalba Capsules. Usual adult dosage is 1 or 2 capsules 3 or 4 times a day.

Panalba KM Granules
For the treatment of moderately acute infections in infants and children, the recommended dosage is 1 teaspoonful per 15 to 20 lbs. of body weight per day, administered in 2 to 4 equal doses. Severe or prolonged infections require higher doses. Dosage for adults is 2 to 4 teaspoonfuls 3 or 4 times daily, depending on the type and severity of the infection.

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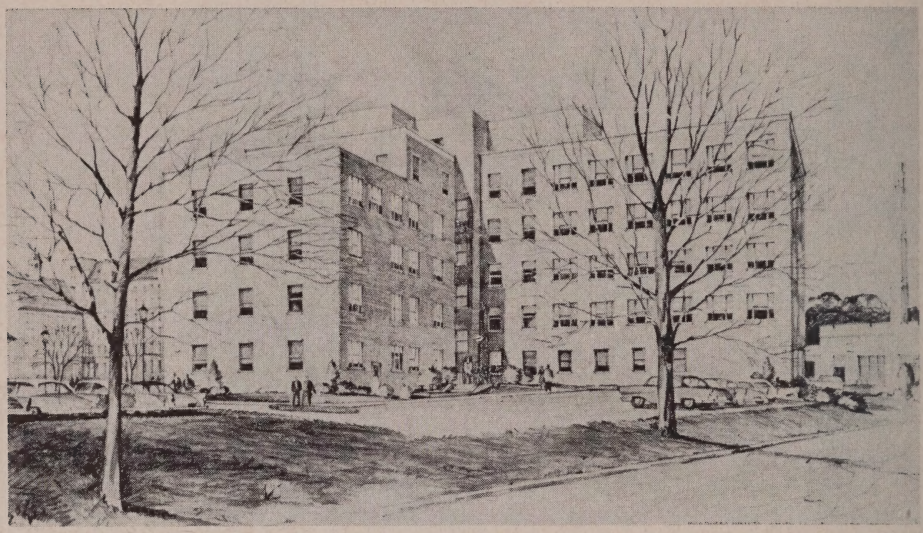

VII — Wesson Maternity Hospital

The Wesson Maternity Hospital first opened its doors on December 2, 1908. Its Fiftieth Anniversary was recently celebrated at a time when the 85,479th baby was born. The Wesson is fifth in size in the United States of all maternity hospitals, and is 61st out of 6,600 hospitals in the United States and Canada in numbers of babies born.

The present Wesson Maternity Hospital was opened in 1953 after being located for 45 years at 120 High Street, next to the Wesson Memorial Hospital. The present hospital was built as an 81 bed, 106 bassinet institution housing 3 delivery rooms, 1 operating room, 9 labor beds, a 2 bed recovery room, 6 well baby nurseries, 3 premature nurseries, a suspect nursery, an isolation nursery, formula room, laboratory, central supply, etc. Services such as laundry, steam, and food are purchased at cost from The Springfield Hospital. The two institutions are connected by a passageway and tunnel. However, the connection between the two hospitals is physical only, since they each have their own Board of Trustees, Medical Staff, and Hospital Staff. Shortly after the new building was opened, they had to convert several of their private rooms to two bed rooms to give them a total capacity of 90 beds. There have been times when this hospital has had as many as 113 patients. The Wesson Maternity Hospital delivered 4,637 live babies last year and admitted 5,559 patients.

The proposed new wing, a photograph of which appears above, will house 2 new delivery rooms, a new 8-bed recovery room, additional labor beds to bring the total to 13, 6 additional well baby nurseries of 10 bassinets each, two premature nurseries of 6 bassinets each, a new suspect nursery,

staff rooms for residents and interns, isolation facilities, 9 4-bed rooms, 3 private rooms, and 3 two-bed semi-private rooms. This will bring the total capacity of the Wesson Maternity Hospital, including the new wing, to 128 patient beds, 148 full term bassinets, 24 premature bassinets, 8 suspect bassinets, 6 delivery rooms, and one operating room. In addition, they are planning to expand their central supply facilities, storage facilities, locker rooms, adding additional classrooms, and offices, and enlarging their medical record department and laboratory. The parking facilities will be expanded to approximately double the present capacity. The new nurseries, delivery rooms, recovery rooms, and labor rooms will be completely air-conditioned.

The new addition to the Wesson Maternity Hospital will have five floors and a basement. This will be added onto the rear of the present hospital structure. This hospital is currently undergoing a joint fund-raising campaign with the Wesson Memorial Hospital for $1,500,000, to be divided equally between the two hospitals. The Maternity's own building program will cost in the vicinity of $1,250,000, but with the help of the Hill-Burton funds, the Ford Foundation Grant, and the Hospital Fund Drive, it hopes to raise the needed money for this sorely needed expansion program.

The Wesson Maternity Hospital trains affiliate student nurses from the Springfield Hospital, University of Massachusetts, student practical nurses from Westfield State Sanatorium, The Springfield Trade High School, interns from the Wesson Memorial Hospital and the Springfield Hospital and graduate students from Boston University and Boston College. The Wesson Maternity Hospital is currently negotiating with Boston University to train their student nurses in obstetrics.

Just recently this hospital was approved by the American Medical Association for a two year residency in obstetrics.

Vassos

POLIO - 1958

by

John C. Ayres, M. D.

The 1958 season for poliomyelitis has virtually ended so that now is a good time to take stock and review what happened. Latest available figures for 1958 indicate that for the first fifty weeks ending December 13, there has been reported a total of 5,862 cases in the continental United States, against 5,832 cases in 1957. Of the 5,862 cases reported, 3,003 were paralytic; 1,986 cases were non-paralytic; 873 cases were unspecified. Roughly speaking, 10 - 12% of the cases reported were alleged to have received three doses of Salk Vaccine with approximately one-third of these being paralytic cases and two-thirds non-paralytic.

Closer to home, twenty-eight cases of poliomyelitis were reported in Massachusetts during 1958 as compared to twenty-four cases in 1957. In Hampden County, four non-paralytic cases were reported during 1958 as compared to seven cases in 1957. The four cases in Hampden County during 1958 were reported from Holyoke. Springfield reported no cases of poliomyelitis

in 1958. This is the first year since 1939 that no cases of poliomyelitis have been reported in Springfield.

Generally speaking, the incidence of poliomyelitis throughout the country, the State, and our community seems to indicate a most optimistic future insofar as poliomyelitis is concerned. However, this spirit of optimism must be tempered by the example of what happened in the Detroit area during 1958. Prior to the poliomyelitis season of 1958, the people of the Detroit area had been rather lethargic and apathetic to vaccination against poliomyelitis. Curiously enough, the apathy and lethargy seemed to be most manifest amongst those at the extremes of the social and economic scale. Against this background, the poliomyelitis season of 1958 arrived with an epidemic of considerable proportions ensuing. More than eight hundred cases, approximately 20% of the 1958 incidence for the country, were reported before the end of October. Initiation of vaccination with Salk Vaccine on a large scale was delayed because of apathy, indecision, and inter-professional arguments. Eventually, a practical and vigorous program of mass vaccinations was initiated and is still being carried on. The general conclusions of those involved in this outbreak were and are that "Salk vaccine is effective in preventing or modifying paralysis". Moreover, had proper action been taken earlier and more vigorously, the cases of poliomyelitis with paralysis and death resulting therefrom would probably have been greatly reduced in number.

The lesson to be learned from this episode is that vaccination against poliomyelitis must be vigorously "pushed" by each and every physician. Moreover, now is the ideal time to start the series of Salk vaccine inoculations since the required course can be completed before the arrival of the 1959 season. Let's not wait for the time when a live attenuated virus vaccine "cocktail" against poliomyelitis becomes generally available, notwithstanding the dramatic and most hopeful reports emanating from the gigantic live virus vaccine field trials which are being carried on in remote parts of Africa presently.

(Editor's Note: Be it remembered, alas, that the hundredth anniversary of Jenner's birth was marked by a severe epidemic of small pox in the same village in which he demonstrated the successful prevention by the vaccination with cow pox.)

Reported Cases of Polio — 1948 - 1957

	U. S.	Mass.	Hampden County	Spfld.
1948	27,726	175	22	14
1949	42,033	1,782	62	25
1950	33,300	518	30	16
1951	28,366	288	13	5
1952	57,879	548	73	20
1953	35,592	635	70	30
1954	38,476	1,035	22	9
1955	29,270	3,950	89	38
1956	15,400	100	2	1
1957	5,894	25	7	1

REPORT OF COMMITTEE ON INSURANCE, LABOR RELATIONS AND INDUSTRIAL ACCIDENTS

December 16, 1958

The Executive Committee recently approved a special meeting of the Hampden District Medical Society whereat Labor, Management, Insurance Underwriters, Industry and medical men would air their mutual problems. Such a meeting has been set for January 20, at the Municipal Hospital Auditorium, Springfield. This is expected to be a very important and instructive meeting. It is to be conducted as a panel discussion. Each representative speaker will be limited to a definite time. This will be followed by a written question period. There will be no discussion from the floor.

Fellows who desire to have their ideas, problems, and difficulties considered, are requested to contact this committee.

Eugene W. Beauchamp, M. D.
Chairman

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SPECIAL MEETING

TIME: Monday, January 20, 8:00 P. M.

PLACE: Municipal Hospital Auditorium, Springfield.

PURPOSE: Discussion of problems of mutual interest to:
Medicine
Industry
Insurance, and
Labor

Each panelist will speak 10 minutes.

Written questions only will be answered by panelists.

Eugene W. Beauchamp, M. D., Chairman
Committee on Insurance, Labor Relations and Industrial Accidents

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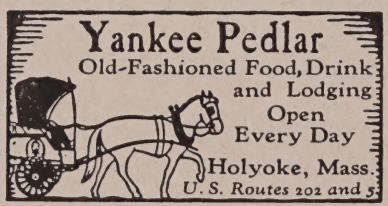
January Meeting

At the January 13th meeting the speaker will be Dr. Harrison L. McLaughlin, Professor of Orthopedic Surgery, College of Physicians and Surgeons, Columbia University. His topic will be "Intangibles in The Treatment of Trauma". The Clinical Conference in the afternoon, dealing with "Unusual Injuries", will be held at the Mercy Hospital, 5 p. m.

February Meeting

The February 10th meeting will be the annual meeting of the Springfield Academy of Medicine and Western Chapter Heart Association. Speaker will be Dr. Stanford Wessler, Associate, Harvard Medical School. His topic will be "Evaluation of The Cardiac Patient for General Surgery". A Clinical Conference in the afternoon, dealing with "Peripheral Vascular Disease", will be held at the Springfield Hospital, 5 p. m.



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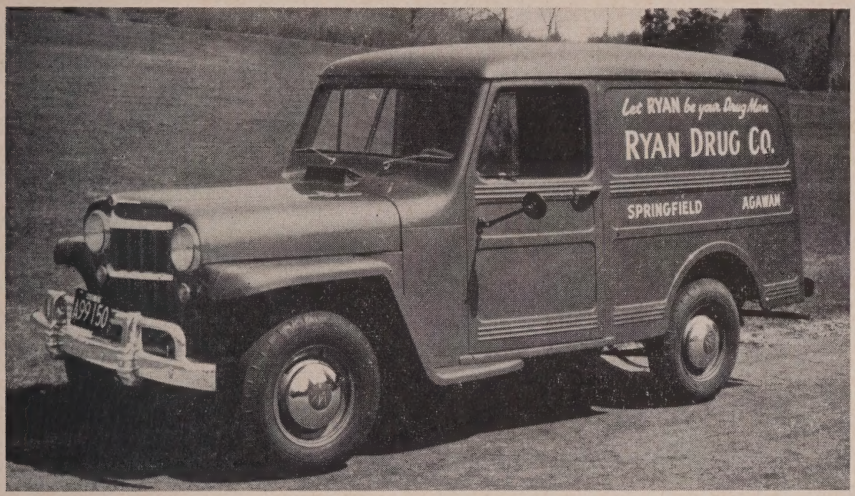
Report of the Blue Shield District Professional Service will appear in the February issue of the Hippocrat.



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CORRESPONDENCE

A Matter of Importance

Dear Hippocrat:

The communication below was presented to the MMS Executive Committee in Boston on January 7, as new business. It will be presented to the Council for action at the February meeting.

It would be helpful if it could be published in the next Hippocrat, so that the members of the Society would have an opportunity to consider, and possibly act upon it at the District Society Meeting of February 3rd.

James L. Smead, M.D.
Executive Councilor

"WHEREAS, the Board of Trustees of the American Medical Association has invited constituent associations to reply to the following questions two months in advance of the June meeting of the Association.

(1) Is the concept of free choice of physician to be considered a fundamental principle incontrovertible, unalterable and essential to good medical care without qualification?

(2) What is your attitude regarding physician participation in those systems of medical care which restrict free choice of physician?

"RESOLVED, That the reply of the Massachusetts Medical Society to question number one is, "No" (or "Yes", as the case may be), and that the attitude of the Massachusetts Medical Society toward physician participation in systems of medical care that restrict free choice of physician is without qualification that the fundamental, incontrovertible, unalterable and essential obligation of the medical profession is to provide the highest available quality of medical care to the public. If such care is otherwise unavailable, it is not unethical for physicians to participate in such plans, but the plans should be kept under observation, and the principle of free choice should be encouraged wherever possible and consistent with the primary purpose."

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"Gentleman's Agreement"

Dear Hippocrat.

At the last District meeting we were told that a "gentleman's agreement" had been reached on the Drug Act between the MMS and the State Druggists Ass'n. According to this "agreement" (as reported by our Executive Councilor and President-elect Dr. Dame), the wording will continue to read "No person shall sell or offer for sale at retail or dispense or give away any harmful drug . . . ", but its interpretation has now been changed by the two state societies to mean exactly the opposite. In other words, we, as physicians, may now dispense and give away drugs without fear of prosecution by the druggists.

This so-called Gentleman's Agreement is, in my humble opinion, as illegal as it is unethical. It is incredible that our State Society, which for generations has championed so eloquently the ethics of our profession, should now condescend to collude with the druggists on a sinister deal of this type. To me the above "Gentleman's Agreement" is tantamount to an open invitation to ignore or to violate the law. If the Drug Act is undesirable, as indeed it is, then let's repeal it, not violate it.

I believe also that the verbal agreement reached in Boston, to quote a famous movie magnet, " . . . isn't worth the paper it's written on". The history of the Drug Act is replete with so much skuldoggery as to make us question the value of any agreement, gentlemanly or otherwise. Only recently we heard from President-elect Dr. Dame that before the third and final reading of the Drug Act its wording was mysteriously changed in such a way as to stun the MMS when it finally appeared in print. The aspersions cast recently by the Springfield Druggists Ass'n. on the veracity of President Reilly's factual comments on the Drug Act, further illustrate the lack of good faith that prevails.

If the two state societies now believe that doctors may dispense, why not change the law accordingly? If our leadership in Boston erred by allowing the Drug Act to pass in the first place, why not admit it and repeal it? It would certainly seem far wiser to do that than to try and patch it up with an "agreement" which is useless, illegal and unethical.

Ralph T. Miller, M. D.

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Training Program For Epileptics

Dear Hippocrat:

For over 5 years there has been a training program for epileptic patients under the supervision of the Director of Nurses, Bernice F. Vennert, R.N. B.S. at the Monson State Hospital.

There are many epileptics in the State who have but a rare seizure, and are therefore able to work and live normally in the community. On the other hand there are others who have severe and frequent seizures, requiring admission to an Epileptic Hospital. These patients have not had a chance to grow and to develop as normal individuals. They have been excluded from school as children, and from work as adults because of their seizures. They have suffered one disappointment after another. They cannot drive a car, they lack companionship, and they are excluded more and more from the normal activities of a healthy person. As a result they build up resentments which express themselves in self pity, irritability and a feeling that life had cheated them. Many of them have lost hope, and live in constant fear of injury or even death during a seizure.

With a group of twenty young adult patients, Miss Vennert started a training course for Attendant Aids. This covered a two-year period with instructions not only in housekeeping and care of patients, but also in personal hygiene. They were encouraged to feel that although they had seizures, they were nevertheless of value to others as well as to themselves. In a few months the change of attitude in this group was surprising and gratifying. Now they felt that their work in helping in the care of hundreds of cerebral palsied patients was a valuable service well deserving of approval and recognition.

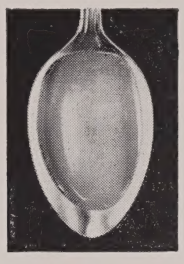
After two years of training and working a 40 hour week, the class had a public graduation exercise, which their friends and relatives attended. Certificates were awarded to the group, showing that they had completed the course. It was a very proud and happy group because for the first time they had completed something worthwhile.

Some graduates were able to obtain jobs in nursing homes and at other State Hospitals, but others had to remain because of their seizures. This group is now working a 40-hour week schedule at our hospital, the same as paid Attendant Nurses. New classes start each year, but when the course is completed there are always some who cannot go out into the community, but do make a fine adjustment within the hospital. Through Senator Leslie Cutler and Representative Sumner Kaplan a bill was introduced in the Legislature which would pay these people $1.00 for an eight-hour day. This Bill did not pass, but will be introduced again this year. There are many of the "Trainee" groups who have no families, friends or spending money. The small amount requested would give our Attendant Aids the feeling that they were doing something useful, and that they were receiving wages for the service rendered by them.

R. G. Osterheld, M. D.
Sup't., Monson State Hospital

QUOTE OF THE MONTH

"Progress in science is governed by the laws of repulsion, every step forward is made by refutation of prevalent errors and false theories." Boris Pasternak
in
"Doctor Zhivago"

in a form  to fit

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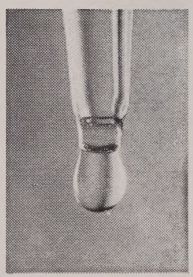

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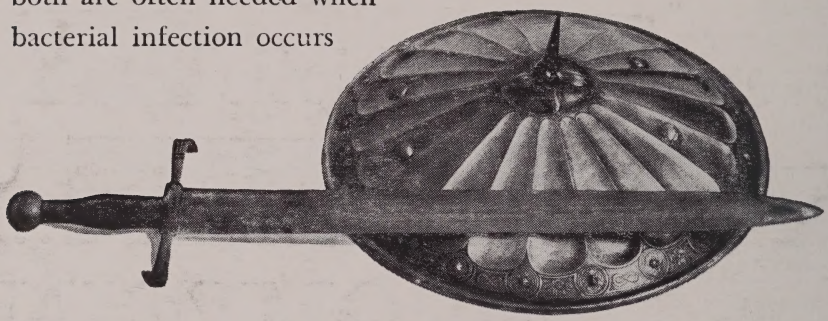

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